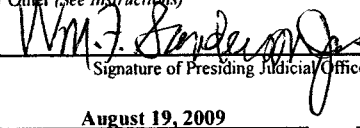


CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./ DIV. CODE TXN3		2. PERSON REPRESENTED JACK HAMMOND CLAY		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 3:09-CR-084-B (1) [of 1]		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) USA v. CLAY		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) CC			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> Failure to file individual tax return, 26 USC 7203					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS GARY A. UDASHEN SORRELS UDASHEN & ANTON 2301 CEDAR SPRINGS RD. SUITE 400 DALLAS, TX 75201 Telephone Number: 214/468-8100			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input checked="" type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input checked="" type="checkbox"/> Y Standby Counsel Prior Attorney's _____ Appointment Dates: _____ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)  Signature of Presiding Judicial Officer or By Order of the Court August 19, 2009 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) NORTHERN DISTRICT OF TEXAS FILED AUG 19 2009 CLERK U.S. DISTRICT COURT					
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
By <u>Deputy <i>nbs</i></u>					
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
15. In					
a. Arraignment and/or Plea					
b. Bail and Detention Hearings					
c. Motion Hearings					
d. Trial					
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify on additional sheets)					
(RATE PER HOUR = 5) TOTALS:					
16. Out of					
a. Interviews and Conferences					
b. Obtaining and reviewing records					
c. Legal research and brief writing					
d. Travel time					
e. Investigative and other work (Specify on additional sheets)					
(RATE PER HOUR = 5) TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____					
APPROVED FOR PAYMENT — COURT USE ONLY					
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES	
26. OTHER EXPENSES		27. TOTAL AMT. APPR./CERT.			
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				DATE	
28a. JUDGE/MAG. JUDGE CODE					
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES	
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED			
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>				DATE	
34a. JUDGE CODE					

United States District Court
Northern District of Texas

Karen Mitchell
Clerk of Court

1100 Commerce, Room 1452
Dallas, Texas 75242

August 19, 2009

Mr. Gary A. Udashen
Sorrels Udashen & Anton
2301 Cedar Springs Rd., Suite 400
Dallas, TX 75201

RE: USA v. Jack Hammond Clay, 3:09-CR-084-B

Dear Mr. Udashen:

You have been appointed standby counsel by a United States Magistrate Judge to represent the above-named defendant who:

Is in the custody of the United States Marshal at Seagoville Federal Detention Center.
His registration number is 38653-177.

The CJA appointment vouchers, worksheets, and instructions are available on our web site at <http://www.txnd.uscourts.gov/forms/cja.html>. If you need copies mailed to you, please contact me at 214/753-2169. Attached to this letter is the Notice to Court Appointed Counsel of Public Disclosure of Attorney Fee Information as well as the court's Privacy Notice. Vouchers should be submitted to the United States District Clerk's Office no later than 45 days after final disposition of the case, unless good cause is shown.

A trial is set on October 13, 2009 at 9:00 a.m. before Judge Boyle.

Sincerely,


Deputy Clerk

Enclosures
cc: Defendant